

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/52/614

FILING DATE

3-9-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	47					
TOTAL CLAIMS	50					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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100												
TOTAL IND.	3											
TOTAL DEP.	25											
TOTAL CLAIMS	28											

Best Available Copy